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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/590,814	01/16/2007	Carine Poisson	295280US2X PCT	1142

TITLE OF INVENTION: METHOD FOR ADJUSTING AN AUTOMATIC TRANSMISSION RATIO

APPLN. TYPE	SM.ALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/10/2009			
EXAMINER ART UNIT		CLASS-SUBCLASS]						
LE, DAVID D 3655		477-115000	•						
1. Change of correspondence address or indication of "Fee Address" (37 CFR I.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. AdSSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
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NOTE: The Issue Fee an	s SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL ENT	FITY status. See 37 CFR	1.27(g)(2).			
Authorized Signature Typed or punted nam	Tecords of the Officer Sta	H. Knebel	Office.	Date / 2 -	9 9 9 gistration No. 22,6				

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